

City of Stamford

REQUEST FOR RESIDENTIAL ON-STREET HANDICAPPED PARKING SPACE

I. APPLICANT INFORMATION

Name: _____

Street: _____

Town/State: _____ Zip _____

Home Phone #: _____ Cell Phone #: _____

E-Mail: _____

II. LOCATION OF PROPOSED ON-STREET PARKING SPACE

The proposed residential on-street handicapped parking space must be in front of the applicant's residence. The proposed location of the handicapped parking space being requested is at:

Street Address: _____

III. PROOF OF PERMANENT DISABILITY AND POSSESSION OF DMV-ISSUED HANDICAPPED PLACARD

Only requests from Certified Handicapped Persons or Handicapped Veterans in possession of a valid State issued Handicapped Plate for a vehicle with a matching registration address to the requested address location or Handicapped Placard will be considered. Proof can be provided by submitting a copy of a valid DMV vehicle registration or receipt for a recently processed DMV application.

Can a copy of a DMV-Issued Handicapped Placard be Provided: Yes: ____ No: ____

IV. AFTER CITY RECEIVES APPLICATION:

Staff will observe the address on the request to determine the following:

- a) Sufficient off street parking, i.e.: driveway, parking lot, parking facility.
- b) Distance from street to access point of residence.
- c) Location of any/all handicapped accessible ramps/devices.
- d) Grade differences from the street to access point of residence.

V. UNDERSTANDING OF RESIDENTIAL ON-STREET PARKING POLICY AND USE AGREEMENT

I have read and understand the Residential On-Street Handicapped Parking Policy, and to the best of my knowledge, my residence meets ALL the installation criteria, requirements and conditions presented. I agree to meet with staff from the Department of Traffic and Road Maintenance to review the installation request. I also understand that if approved, this will not be a private space for my residence and that it must be made available to other vehicles that display a handicapped placard on a first come first serve basis.

Signature

Date

For Information Contact: Orazio Cirelli, Operations Foreman at 203-977-5968.

Please send your application to the following address.

**Mail To: 39 Courtland Avenue
Stamford CT, 06902
Attn: Orazio Cirelli**

FOR OFFICE USE ONLY

Date Application Received: _____

Approved: _____ Not Approved: _____

Authorized Signature: _____ Date: _____